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C. BANLICATION NO.	FILING DATE OF	FIRST	NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,184 TITLE OF INVENTION: RI	11/26/2003 9 . <i>30 (</i> ECLINER MEANS AND VE	•	tsuhiko Shinozak DED WITH THE		0072-TS45	5717
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	·	\$300	\$1700	05/08/2006
EXAMINER		ART UNIT	CL	ASS-SUBCLASS		
ABRAHAM, TANIA		3636		297-367000		
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ☐ 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TO			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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Please check the appropriate	assignee category or categor	es (will not be printed o	on the patent) :	☐ Individual 【 Co	rporation or other private g	roup entity Government
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**	MALL ENTITY status. See 3	7 CFR 1.27. 🔲 b.			LL ENTITY status. See 37 (
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